APPLICATION FOR HEALTH FACILITY CONSTRUCTION LOAN INSURNACE

OSH-CM-135 (Rev. 07/97) Page 1 NAME OF FACILITY (PROJECT): PROJECT NUMBER: LEGAL NAME OF CORPORATION/DISTRICT/AUTHORITY: ADDRESS: PHONE NUMBER: FACILITY CONTACT PERSON: OWNER'S CONTACT PERSON: NAME: NAME: PHONE NMBER: ADDRESS: **OWNERSHIP** \square CITY ☐ COUNTY □ DISTRICT PHONE NUMBER: ☐ JOINT POWERS AUTHORITY ☐ CORPORATION ☐ MUNICIPAL I. CATEGORY (See descriptions for abbreviations on the next page.) ☐ HOSP-CDR ☐ ADC-DD ☐ CLINIC-MH ☐ ADHC ☐ CLINIC-PC ☐ HOSP-DIST П вв ☐ GH-DD ☐ HOSP-PSYCH ☐ ICF ☐ BRTH CTR ☐ GH-DD/MD ☐ CDRF ☐ GH-MD ☐ ICF-DD ☐ HOSPICE ☐ MULTI ☐ CLINIC-AIDS ☐ CLINIC-DI ☐ HOSP ☐ SNF MLCF MLCF ICF-GRP. II. CAPACITY&SERVICES **HOSP** SNF **ICF** PRSNL. **CMHC CDRH** INDPDNT. DD **HOME** CARE **EXISTING BEDS/UNITS** PROVIDED BY CONSTRUCTION **NEW FACILITY ADDITION** REMODELING TOTAL BED CAPACITY III. BRIEF PROJECT DESCRIPTION

State of California-Health and Human Services Agency APPLICATION FOR HEALTH FACILITY CONSTRUCTION LOAN **INSURANCE** OSH-CM-135 (Rev. 07/97) Page 2

IV/	TITLE	UD O	THED	INTEREST	IN CITE
IV	1111 -	\cup R \cup	IHER	IIV I EKEST	11/1/2/11/

	A. Applicant has (check one) (attach substantia	ating documentation)				
	□ Fee simple title to site					
	☐ Other interest in site (explain)					
	•					
	•					
	•					
	(Use separate sheet(s) if necessary					
V.	CERTIFICATE OF CORPORATIE RELAT	TIONSHIPS				
	A. See Attached(name of corporat	ion, political subdivision, or hospita	al district)	received its		
	Articles of Incorporation charter on pursua (date)					
		(date)		of the Otale of Oalifamia		
	of the State of Cali					
	B. The officers and directors of the Mortgagor Corpora	ation or political subdivision officers	are as follows.			
	Name of Officers	Position	Occupation	Term Expires		
Evec	C. The management positions of the facility are as f cutive Director/Administrator/Chief Executive Officer	ollows: SEE ATTACHED				
	f Financial Officer					
	ctor of Nurses					
(othe	er)					
(othe	er)					
VI.	Certification					

It is hereby represented by the undersigned that to the best of his/her knowledge and belief no information or data contained herein, including all attachments to this application are in any way false or incorrect and are truly descriptive of the proposed project. The undersigned certifies that none of the proceeds of the funds insured by O.S.H.P.D. as a result of this application shall go directly or indirectly to any officer, director, member, employee or relative of any officer, director, member or employee of the applicant. I hereby sign this application under the penalty of perjury (see Health & Safety Code section 129022).

SIGNATURE OF AUTHORIZED OFFICER	NAME OF AUTHORIZED OFFICER	DATE
	TITLE	

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CATAGORIES

<u>Abbreviation</u> <u>Description</u>

ADC-DD Adult Day Care for the Developmentally Disabled

ADHC Adult Day Health Care

BB Blood Bank

BRTH CTR Birthing Center

CDRF Chemical Dependency Recovery Facility

Adult Drug Abuse Treatment Facility

Alcohol Recovery Facility
Alcohol Free Living Centers

Substance Abuse Recovery Facility

CLINIC-AIDS A.I.D.S. Clinic

CLINIC-DI Dialysis Clinic

CLINIC-MH Mental Health Clinic

Community Mental Health Center

CLINIC-PC Primary Care Clinic

GH-DD Group Home for the Developmentally Disabled

Community Care Facility for Developmentally Disabled

Provides Residential Care

GH-DD/MD Group Home for the Developmentally Disabled and Mentally Disabled or Emotionally Disturbed

Provides Residential Care

GH-MD Group Home for the Mentally Disabled or Emotionally Disturbed

Community Care Facility - Group Home

Provides Residential Care

HOSPICE Hospice

HOSP General Acute Care Hospital

General Acute Care Hospital Which Includes Distinct Part SNF

HOSP-CDR Chemical Dependency Recovery Hospital

HOSP-DIST District Hospital

HOSP-PSYCH Psychiatric Hospital

ICF Intermediate Care Facility

ICF-DD Intermediate Care Facility for the Developmentally Disabled

MULTI Multi-Level Facilities

SNF Stand Alone Skilled Nursing Facilities (This category should be used in cases where the SNF

may be part of a hospital or multi-level, but we only insure and have collateral on the SNF)